

8 Ambulance (Ground & Air)

Medicaid covers transportation costs to and from medical care facilities for eligible recipients. The approved plan includes the following services:

- Reimbursement of ambulance service for emergency and non-emergency situations
- Reimbursement of non-emergency transportation coordinated by the Alabama Medicaid Agency (See Appendix G, Non-Emergency Transportation (NET Program))

The policy provisions for transportation providers can be found in the *Alabama Medicaid Agency Administrative Code*, Chapter 18.

8.1 Enrollment

EDS enrolls transportation providers and issues provider contracts to applicants who meet the licensure and/or certification requirements of the state of Alabama, the Code of Federal Regulations, the *Alabama Medicaid Agency Administrative Code*, and the *Alabama Medicaid Provider Manual*.

For ambulance providers, Medicaid requires a new service contract in the following instances:

- Expiration of state license and issuance of new license
- Change of ownership

EDS is responsible for enrolling any qualified ambulance service that wishes to enroll in the Medicaid Transportation Program.

Refer to Chapter 2, Becoming a Medicaid Provider, for general enrollment instructions and information. Failure to provide accurate and truthful information or intentional misrepresentation might result in action ranging from denial of application to permanent exclusion.

Provider Number, Type, and Specialty

A provider who contracts with Medicaid as a transportation provider is issued a nine-digit Alabama Medicaid provider number that enables the provider to submit requests and receive reimbursements for transportation-related claims.

NOTE:

All nine digits are required when filing a claim.

Transportation providers are assigned a provider type of 15 (Transportation).

Valid specialties for transportation providers include the following:

- Emergency Ground Ambulance (A1)
- Helicopter (TA)
- Fixed Wing (TB)

Enrollment Policy for Transportation Providers

To participate in the Alabama Medicaid Program, transportation providers must meet the following requirements:

- Must be certified for Medicare Title XVIII
- Must maintain a disclosure of the extent and cost of services, equipment, and supplies furnished to eligible recipients
- Must be licensed in the state of Alabama and/or the state in which services are provided

8.2 Benefits and Limitations

This section describes program-specific benefits and limitations. Please refer to Chapter 3, Verifying Recipient Eligibility, for general benefit information and limitations.

Medicaid reimburses a maximum of one round trip per date of service per recipient. A round trip consists of the transport from home base (home, nursing home, etc) to the destination (physician's office, hospital, etc) and transport from the destination back to home base on the same date of service.

All transportation must be medically necessary and reasonable. Documentation must state the condition(s) that necessitate ambulance service and indicate why the recipient cannot be transported by another mode of transportation. Medicaid will not reimburse ambulance service if some other means of transportation could have been used without endangering the recipient's health.

8.2.1 Non-Emergency Transportation (NET) Program Services

To eliminate transportation barriers for recipients, Medicaid operates the Non-Emergency Transportation Program (NET). The NET Program ensures that necessary non-ambulance transportation services are available to recipients. See Appendix G, Non-Emergency Transportation (NET) Program, for specifics about the program.

All payments for NET services require authorization.

8.2.2 Non-Emergency Ambulance Services

Medicaid reimburses non-emergency ambulance services provided to eligible recipients for the following origins and destinations:

- Hospital to home following hospital admission
- Home to hospitals or specialized clinics for diagnostic tests or procedures for non-ambulatory recipients

Added: A round trip...date of service.

- Home to treatment facility for recipients designated on Home Health Care Program who are confined as "bedfast" recipients
- Nursing facility to hospital or specialized clinic for diagnostic tests within the state when medically necessary and out of state with Alabama Medicaid determined placement only.
- Nursing facility to nursing facility
- Hospital to hospital
- Hospital to nursing facility following hospital admission
- Ambulance services to a physician's office is a covered service only when prior authorized by Medicaid.

8.2.3 *Emergency Ambulance Services*

Medicaid reimburses emergency ambulance services provided to eligible recipients for the following origins and destinations:

- Location of emergency to a local hospital
- Nursing facility to a local hospital
- Hospital to hospital

Medicaid reimburses emergency ambulance services if the recipient expires during transport, but not if the recipient was pronounced dead by authorized medical personnel before transport.

If more than one recipient is transferred in the same ambulance at the same time, please file a separate claim form for each recipient.

8.2.4 *Air Transportation Services*

Medicaid reimburses air transportation services for all Medicaid recipients with prior authorization approval only. Air transportation for adults is reimbursed at the ground ambulance rate.

Air transportation may be rendered only when basic and advanced life support land ambulance services are not appropriate. Medical necessity applies when transport by land or the instability or inaccessibility to land transportation threatens survival or seriously endangers the recipient's health. Medicaid may authorize air transportation in certain cases when the time required to transport by land as opposed to air endangers the recipient's life or health. Medicaid will not reimburse air transportation when provided for convenience.

Medicaid requires that the recipient be taken to the nearest hospital that has appropriate facilities, physicians, or physician specialists needed to treat the recipient's condition. The hospital must have a bed or specialized treatment unit immediately available. If the recipient is not taken to the nearest appropriate hospital, payment will be limited to the rate for the distance from the pick-up point to the nearest appropriate hospital.

NOTE:

Medicaid does not consider trips of less than 75 loaded miles to be appropriate unless extreme, extenuating circumstances are present and documented.

NOTE:

If more than one recipient is transferred in the same air transport trip, only one recipients transport will be reimbursed.

If Medicaid determines that land ambulance service would have been more appropriate, payment for air transportation will be based on the amount payable for land transportation.

8.3 **Prior Authorization and Referral Requirements**

When filing claims for recipients enrolled in the Patient 1st Program, refer to Chapter 39, Patient 1st, to determine whether your services require a referral from the Primary Medical Provider (PMP).

When requesting prior authorization, please give the recipient's name, RID number, address, diagnosis, attending physician, reason for movement (from and to), and the name of the ambulance provider who will be used. Refer to Chapter 4, Obtaining Prior Authorization, for general guidelines.

In the case of Retroactive Eligibility, the provider has 90 days after the date on which the award of retroactive eligibility was made to submit their request for prior approval. It is the provider's responsibility to submit a copy of the retroactive eligibility determination along with the prior approval request to Medicaid.

Added: In the case...request to Medicaid.

NOTE:

"Clean" Prior Authorization (PA) requests must be received by our Fiscal Agent (EDS) within thirty (30) business days from the date of service. A "Clean" PA request is one where valid information is submitted on both the provider and the recipient regarding services that were rendered on a specific date of service and without any RTPs (Return To Provider) which would create a delay for your request.

Prior Authorization for Non-Emergency Transportation (30 miles or greater)

All non-emergency ambulance services 30 miles or greater one way requires prior authorization. However, the provider has thirty (30) business days from the date the service was rendered to obtain the prior authorization (PA).

Prior Authorization for Repeat Non-Emergency Transportation (Less than 30 miles)

Medicaid reimburses for four (4) non-emergency trips less than 30 miles in the same calendar month without prior authorization, with the exception of trips to a physician's office, which always require prior authorization. The fifth non-emergency trip less than 30 miles in the same calendar month requires prior authorization.

NOTE:**Renal Dialysis, Chemotherapy, Radiation Therapy Transport**

Due to the necessity of multiple trips, for renal dialysis recipients, prior authorizations are approved for sixty (60) days at a time. A maximum of fifty-four (54) round trips may be provided with one sixty (60) day prior authorization. For chemotherapy recipients, prior authorizations are approved for ninety (90) days at a time with a maximum of twenty-five (25) round trips provided per ninety (90) day prior authorization. For radiation therapy recipients, prior authorizations are approved for sixty (60) days at a time with a maximum of thirty-five (35) round trips provided per sixty (60) day prior authorization.

Authorization for Air Transportation

All payments for air transportation services require authorization from Medicaid.

The following steps must be followed for air ambulance providers to receive reimbursement:

1. Medicaid's Fiscal Agent must receive authorization requests no later than the thirtieth (30th) business day after the service was rendered. **Please include the following:**
 - Copy of the EPSDT referral form (no longer required for dates of service after 6/1/02)
 - Air versus ground time and/or distance
 - Age of recipient
 - Diagnosis and severity of condition
 - Any other pertinent medical data as deemed necessary to document air transportation
2. The provider must supply the above documentation for any service requiring immediate transportation. The documentation must also include a copy of the flight record, progress notes from institution that requested air transport, and documentation of reason why ground transport is not feasible.
3. Medicaid's Fiscal Agent assigns a prior authorization number and forwards the request to the Medicaid Prior Approval Program for review.
4. The Prior Approval Program reviews the request and forwards it to the Medicaid's Medical Director for approval/denial.
5. If the Medical Director determines that air transportation is not medically necessary and the criteria are met for ground transportation, the request is approved at the emergency ground rate. The provider will bill authorized amount and be reimbursed at the emergency ground rate.
6. Providers who are dissatisfied with the decision of the Medical Director must request an informal review of medical information. The request must be in writing and received by Medicaid within thirty days of the modified approval letter. If additional information is not submitted for review, the decision will be final and no further review will be available.

7. Provider is instructed to submit claim to Medicaid's Fiscal Agent for payment with the assigned prior authorization number.
8. Prior authorization requests will be accepted from newly enrolled providers for dates retroactive to the first day of the month preceding the month of the effective date provider is added to the Medicaid system.

NOTE:

In the event an air transport provider is unable to verify a recipient's eligibility prior to or at the time of the transport due to the patient being unconscious or disoriented and no family member being available, the provider's prior authorization request will be reviewed on a case by case basis. The request must include documentation detailing the reason eligibility was not verified prior to transport.

NOTE:

Prior authorization requests may be submitted to Medicaid's Fiscal Agent per FAX or regular mail. Providers are instructed to follow-up with the fiscal agent within four to five days to be certain request was received, and again in two weeks, if no reply has been received.

8.4 Cost Sharing (Copayment)

The copayment does not apply to services provided by transportation providers.

8.5 Billing Recipients

By filing a claim with the Medicaid Program, a provider is agreeing to accept assignment and by accepting assignment, the provider agrees to accept the Medicaid reimbursement, plus any cost-sharing amount (copay) to be paid by the recipient, as payment in full for those services covered under the Medicaid Program. The Medicaid recipient, or others on his behalf, must not be billed for the amount above that, if any, which is paid on an allowed service.

8.6 Completing the Claim Form

To enhance the effectiveness and efficiency of Medicaid processing, providers should bill Medicaid claims electronically.

Transportation providers who bill Medicaid claims electronically receive the following benefits:

- Quicker claim processing turnaround
- Immediate claim correction
- Enhanced online adjustment functions
- Improved access to eligibility information

Refer to Appendix B, Electronic Media Claims Guidelines, for more information about electronic filing.

➤ Electronic claims submission can save you time and money. The system alerts you to common errors and allows you to correct and resubmit claims online.

NOTE:

When filing a claim on paper, a CMS-1500 claim form is required. Medicare-related claims must be filed using the Medical Medicaid/Medicare-related Claim Form.

This section describes program-specific claims information. Refer to Chapter 5, Filing Claims, for general claims filing information and instructions.

8.6.1 Time Limit for Filing Claims

Medicaid requires all claims for transportation to be filed within one year of the date of service. Refer to Section 5.1.5, Filing Limits, for more information regarding timely filing limits and exceptions.

8.6.2 Diagnosis Codes

The *International Classification of Diseases - 9th Revision - Clinical Modification* (ICD-9-CM) manual lists required diagnosis codes. These manuals may be obtained by contacting the American Medical Association, P.O. Box 10950, Chicago, IL 60610.

NOTE:

ICD-9 diagnosis codes must be listed to the highest number of digits possible (3, 4, or 5 digits). Do not use decimal points in the diagnosis code field.

Ground transportation providers must use a valid diagnosis code. Ground transportation providers may use more than one diagnosis code from the approved list per claim.

NOTE:

Air transportation providers should only bill diagnosis code used on the prior authorization.

Diagnosis codes for ground transportation are listed below. If you bill a diagnosis code that is not on this list, your claim will deny.

Covered

* An asterisk indicates additional digits are required. See the ICD-9 manual for appropriate digit(s).

NOTE: This chart displays diagnosis codes with the decimal point to facilitate code lookup in the ICD-9 manual. Do not include the decimal point when entering a diagnosis code on the claim form.

040.82	290.3	291.8	292.89	295.6*	296.6*	297.2	298.9	357.81	410.5*	413.9	416.0
0664	290.40	291.9	292.9	295.7*	296.7	297.3	299.0*	357.82	410.6*	414.0*	416.1
250.1*	290.41	292.0	293.0	295.8*	296.80	297.8	299.1*	357.83	410.7*	414.10	416.8
250.2*	290.42	292.11	293.1	295.9*	296.81	297.9	299.8*	357.89	410.8*	414.11	416.9
250.3*	290.43	292.12	295.0*	296.0*	296.82	298.0	299.9*	359.81	410.9*	414.12	417.0
251.0	291.0	292.2	295.1*	296.1*	296.89	298.1	345.1*	410.0*	411.0	414.19	417.1
277.02	291.2	292.81	295.2*	296.2*	296.90	298.2	345.2	410.1*	411.1	414.8	417.8
277.03	291.3	292.82	295.3*	296.3*	296.99	298.3	345.3	410.2*	411.81	414.9	417.9
277.09	291.4	292.83	295.4*	296.4*	297.0	298.4	345.4*	410.3*	411.89	415.0	420.0
282.62	291.5	292.84	295.5*	296.5*	297.1	298.8	345.5*	410.4*	413.1	415.19	420.90

Ambulance (Ground & Air)

420.91	428.30	480.2	637.1*	742.1	750.3	773.4	800.8*	806.00	808.59	820.11	836.63
420.99	428.31	480.3	637.3*	742.2	751.1	773.5	800.9*	806.01	808.8	820.12	836.64
421.0	428.32	480.8	637.5*	742.3	751.2	774.4	801.0*	806.02	808.9	820.13	836.69
421.1	428.33	480.9	637.6*	742.4	756.6	775.1	801.1*	806.03	809.1	820.19	837.0
421.9	428.40	481	638.1	742.51	759.4	775.2	801.2*	806.04	810.1*	820.20	837.1
422.0	428.41	482.0	638.3	742.53	759.7	775.3	801.3*	806.05	811.1*	820.21	843.0
422.90	428.42	482.1	638.5	742.59	760.2	775.5	801.4*	806.06	812.10	820.22	843.1
422.91	428.43	482.2	638.6	742.8	760.70	775.6	801.5*	806.07	812.11	820.30	843.8
422.92	428.9	482.30	639.1	742.9	760.71	776.2	801.6*	806.08	812.12	820.31	843.9
422.93	429.0	482.31	639.3	745.0	760.72	776.4	801.7*	806.09	812.13	820.32	844.0
422.99	429.1	482.32	639.5	745.10	760.73	776.5	801.8*	806.10	812.19	820.8	844.1
423.0	429.2	482.39	639.6	745.11	760.75	777.1	801.9*	806.11	812.20	820.9	844.2
423.1	429.3	482.4*	639.8	745.12	761.5	777.2	802.0	806.12	812.21	821.00	844.3
423.2	429.4	482.81	640.0*	745.19	762.1	777.3	802.1	806.13	812.30	821.01	844.8
423.8	429.5	482.82	640.8*	745.2	762.2	777.4	802.20	806.14	812.31	821.10	844.9
423.9	429.6	482.83	640.9*	745.3	762.5	777.5	802.21	806.15	812.40	821.11	850.0
424.0	429.71	482.89	641.0*	745.4	763.5	777.6	802.22	806.16	812.41	821.20	850.1
424.1	429.79	482.9	641.1*	745.5	765.0*	777.8	802.23	806.17	812.42	821.21	850.2
424.2	429.81	483*	641.2*	745.60	765.1*	777.9	802.24	806.18	812.43	821.22	850.3
424.3	429.82	484.1	641.3*	745.61	765.20	778.4	802.25	806.19	812.44	821.23	850.4
424.90	429.89	484.3	641.8*	745.69	765.21	779.2	802.26	806.20	812.49	821.29	850.5
424.91	429.9	484.5	641.9*	745.7	765.22	779.4	802.27	806.21	812.50	821.30	850.9
424.99	430	484.6	642.5*	745.8	765.23	779.5	802.28	806.22	812.51	821.31	850.11
425.0	431	484.7	642.6*	745.9	765.24	779.8	802.29	806.23	812.52	821.32	850.12
425.1	432.0	484.8	644.0*	746.00	765.25	779.81	802.30	806.24	812.53	821.33	851.0*
425.2	432.1	485	644.1*	746.01	765.26	779.82	802.31	806.25	812.54	821.39	851.1*
425.3	432.9	486	644.2*	746.02	765.27	779.83	802.32	806.26	812.59	822.0*	851.2*
425.4	433.0*	487.0	645*	746.09	765.28	779.84	802.33	806.27	813.10	822.1*	851.3*
425.5	433.1*	487.1	652.00	746.1	765.29	779.85	802.34	806.28	813.11	823.0*	851.4*
425.7	433.2*	487.8	652.01	742.2	767.0	779.86	802.35	806.29	813.12	823.40	851.5*
425.8	433.3*	506*	652.03	746.3	767.4	779.87	802.36	806.30	813.13	823.41	851.6*
425.9	433.8*	511.0	652.10	746.4	767.8	779.88	802.37	806.31	813.14	823.42	851.7*
426.0	433.9*	511.1	652.11	746.5	767.9	779.89	802.38	806.32	813.15	823.1*	851.8*
426.10	434.0*	511.8	652.13	746.6	768.4	780.0*	802.39	806.33	813.16	823.2*	851.9*
426.11	434.1*	511.9	652.20	746.7	768.5	780.1	802.4	806.34	813.17	823.3*	852.0*
426.12	434.9*	512.0	652.21	746.81	768.6	780.2	802.5	806.35	813.18	823.8*	852.1*
416.13	435.0	512.1	652.23	746.82	768.9	780.31	802.6	806.36	813.20	823.9*	852.2*
426.2	435.1	512.8	652.30	746.83	769	780.39	802.7	806.37	813.21	824.0	852.3*
426.3	435.2	518.0	652.31	746.84	770.1	785.50	802.8	806.38	813.22	824.1	852.4*
426.4	435.3	518.1	652.33	746.85	770.2	785.51	802.9	806.39	813.23	824.2	852.5*
426.50	435.8	518.2	652.40	746.86	770.3	785.52	803.0*	806.4	813.30	824.3	853.0*
426.51	435.9	518.3	652.41	746.87	770.4	785.59	803.1*	806.5	813.31	824.4	853.1*
426.52	436	518.4	652.43	746.89	770.5	786.00	803.2*	806.60	813.33	824.5	854.0*
426.53	437.0	518.5	652.50	746.9	770.6	786.01	803.3*	806.61	813.40	824.6	854.1*
426.54	437.1	518.81	652.51	747.0	770.7	786.02	803.4*	806.62	813.41	824.7	860.0
426.6	437.2	518.82	652.53	747.10	770.8	786.09	803.5*	806.69	813.42	824.8	860.1
426.7	437.3	518.89	652.60	747.11	770.81	786.1	803.6*	806.70	813.43	824.9	860.2
426.81	437.4	519.0*	652.61	747.20	770.82	786.50	803.7*	806.71	813.44	827.0	860.3
426.89	437.5	537.84	652.63	747.21	770.83	786.51	803.8*	806.72	813.50	827.1	860.4
426.9	437.6	569.86	652.70	747.22	770.84	786.52	803.9*	806.79	813.51	828.0	860.5
427.0	437.7	578.0	652.71	747.29	770.85	786.59	804.0*	806.8	813.52	828.1	861.00
427.1	437.8	578.1	652.73	747.3	770.89	789.0*	804.1*	806.9	813.53	835.0*	861.01
427.2	437.9	578.9	652.80	747.40	771.7	790.1	804.2*	807.0*	813.54	835.10	861.02
427.31	443.21	585*	652.81	747.41	771.8	790.2	804.3*	807.1*	813.80	835.11	861.03
427.32	443.22	633.0*	652.83	747.42	771.81	790.3	804.4*	807.2	813.81	835.12	861.10
427.41	443.23	634.1*	652.90	747.49	771.82	799.0	804.5*	807.3	813.82	835.13	861.11
427.42	443.24	634.3*	652.91	747.5	771.83	799.1	804.6*	807.4	813.83	836.0	861.12
427.5	443.29	634.5*	652.93	747.60	771.86	799.2	804.7*	807.5	813.90	836.1	861.13
427.60	444.0	634.6*	658.2*	747.61	771.87	799.3	804.8*	807.6	813.91	836.2	861.20
427.61	444.1	634.90	660.00	747.62	771.88	799.4	804.9*	808.0	813.92	836.3	861.21
427.69	444.2*	634.91	661.3*	747.63	771.89	799.8*	805.0*	808.1	813.93	836.4	861.22
427.81	444.8	634.92	663.00	747.64	772.0	799.9	805.1*	808.2	818.1	836.50	861.30
427.89	444.9	635.1*	666.0*	747.69	772.1*	800.0*	805.2	808.3	819.0	836.51	861.31
427.9	445.01	635.3*	666.1*	747.81	772.2	800.1*	805.3	808.41	819.1	836.52	861.32
428.0	445.02	635.5*	666.2*	747.82	772.3	800.2*	805.4	808.42	820.0*	836.53	862.0
428.1	445.81	635.6*	666.3*	747.89	772.4	800.3*	805.5	808.43	820.01	836.54	862.1
428.20	445.89	636.1*	707.0*	747.9	773.0	800.4*	805.6	808.49	820.02	836.59	862.21
428.21	453.9	636.3*	741.0*	748.0	773.1	800.5*	805.7	808.51	820.03	836.60	862.22
428.22	480.0	636.5*	741.9*	748.3	773.2	800.6*	805.8	808.52	820.09	836.61	862.29
428.23	480.1	636.6*	742.0	748.8	773.3	800.7*	805.9	808.53	820.10	836.62	862.31

862.32	868.1*	873.54	881.0*	900.82	904.3	943.5*	958.0	965.7	973.4	992.0	E891.3
862.39	869.0	873.59	881.1*	900.89	904.40	944.2*	958.1	965.8	973.5	992.1	E891.8
862.8	869.1	873.60	881.2*	900.9	904.41	944.3*	958.2	965.9	973.6	992.2	E891.9
862.9	870.0	873.61	882.0	901.1	904.42	944.4*	958.4	966.0	973.8	992.3	E892
863.0	870.1	873.62	882.1	901.2	904.50	944.5*	960.0	966.1	973.9	992.4	E893*
863.1	870.2	873.63	882.2	901.3	904.51	945.2*	960.1	966.2	974.0	992.5	E894
863.20	870.3	873.64	883.0	901.40	904.52	945.3*	960.2	966.3	974.1	992.6	E895
863.21	870.4	873.65	883.1	901.41	904.53	945.4*	960.3	966.4	974.2	992.7	E896
863.29	870.8	873.69	883.2	901.42	904.54	945.5*	960.4	967.0	974.3	992.8	E897
863.30	870.9	873.70	884.0	901.81	904.6	946.2	960.5	967.1	974.4	992.9	E898.0
863.31	871.0	873.71	884.1	901.82	904.7	946.3	960.6	967.2	974.5	993.3	E898.1
863.39	871.1	873.72	884.2	901.83	904.8	946.4	960.7	967.3	974.6	994.0	E899
863.40	871.2	873.73	885.0	901.89	904.9	946.5	960.8	967.4	974.7	994.1	E900.0
863.41	871.3	873.74	885.1	901.9	925.1	947.0	960.9	967.5	975.0	994.7	E900.1
863.42	871.4	873.75	886.0	902.0	925.2	947.1	961.0	967.6	975.1	994.8	E900.9
863.43	871.5	873.79	886.1	902.10	926.0	947.2	961.1	967.8	975.2	995.0	E905.0
863.44	871.6	873.8	887.0	902.11	926.11	947.3	961.2	967.9	975.3	997.1	E905.1
863.45	871.7	873.9	887.1	902.19	926.12	947.4	961.3	968.0	975.4	997.3	E911
863.46	871.9	874.00	887.2	902.20	926.19	947.8	961.4	968.1	975.5	997.71	E955.7
863.49	872.00	874.01	887.3	902.21	926.8	947.9	961.5	968.2	975.6	997.72	E960
863.50	872.01	874.02	887.4	902.22	926.9	948.10	961.6	968.3	975.7	997.79	E961
863.51	872.02	874.10	887.5	902.23	927.00	948.11	961.7	968.4	975.8	998.0	E962
863.52	872.10	874.11	887.6	902.24	927.01	948.20	961.8	968.5	976.0	998.1*	E963
863.53	872.11	874.12	887.7	902.25	927.02	948.21	961.9	968.6	976.1	998.2	E964
863.54	872.12	874.2	890.0	902.26	927.03	948.22	962.0	968.7	976.2	998.3	E965
863.55	872.61	874.3	890.1	902.27	927.09	948.3*	962.1	968.9	976.3	998.31	E966
863.56	872.62	874.4	890.2	902.29	927.10	948.4*	962.2	969.0	976.4	998.32	E967
863.59	872.63	874.5	891.0	902.31	927.11	948.5*	962.3	969.1	976.5	999.1	E968
863.80	872.64	874.8	891.1	902.33	927.8	948.6*	962.4	969.2	976.6	999.4	E969
863.81	872.69	874.9	891.2	902.34	927.9	948.7*	962.5	969.3	976.7	E810*	E979.0
863.82	872.71	875.0	892.0	902.39	928.00	948.8*	962.6	969.4	976.8	E811*	E979.1
863.83	872.72	875.1	892.1	902.40	928.01	948.9*	962.7	969.5	976.9	E812*	E979.2
863.84	872.73	876.0	892.2	902.41	928.10	949.2	962.8	969.6	977.0	E813*	E979.3
863.85	872.74	876.1	893.0	902.42	928.11	949.3	962.9	969.7	977.1	E814*	E979.4
863.89	872.79	877.0	893.1	902.49	928.20	949.4	963.0	969.8	977.2	E815*	E979.5
863.90	872.8	877.1	893.2	902.50	928.21	949.5	963.1	969.9	977.3	E816*	E979.6
863.91	872.9	878.0	894.0	902.51	928.3	950*	963.2	970.0	977.4	E817*	E979.7
863.92	873.0	878.1	894.1	902.52	928.8	951*	963.3	970.1	977.8	E818*	E979.8
863.93	873.1	878.2	894.2	902.53	928.9	952.00	963.4	970.8	977.9	E819*	E979.9
863.94	873.20	878.3	895.0	902.54	929.0	952.01	963.5	970.9	978.0	E880.0	E985.7
863.95	873.21	878.4	895.1	902.55	933.0	952.02	963.8	971.0	978.1	E880.1	E999.0
863.99	873.22	878.5	896.0	902.56	933.1	952.03	963.9	971.1	978.2	E880.9	E999.1
864.0*	873.23	878.6	896.1	902.59	934.0	952.04	964.0	971.2	978.3	E881.0	V01.81
864.1*	873.29	878.7	896.2	902.81	934.1	952.05	964.1	971.3	978.4	E881.1	V13.21
865.0*	873.30	878.8	896.3	902.82	934.8	952.06	964.2	971.9	978.5	E882	V13.29
865.1*	873.31	878.9	897.0	902.87	934.9	952.07	964.3	972.0	978.6	E883*	V23.41
866.0*	873.32	879.0	897.1	902.89	935.1	952.08	964.4	972.1	978.8	E884*	V23.49
866.1*	873.33	879.1	897.2	902.9	940*	952.09	964.5	972.2	978.9	E885*	V44.0
867.0	873.39	879.2	897.3	903.0*	941.2*	952.1*	964.6	972.3	979.0	E886.0	V44.1
867.1	873.40	879.3	897.4	903.1	941.3*	952.2	964.7	972.4	979.1	E886.9	V46.2
867.2	873.41	879.4	897.5	903.2	941.4*	952.3	964.8	972.5	979.2	E887	V49.89
867.3	873.42	879.5	897.6	903.3	941.5*	952.4	964.9	972.6	979.3	E888*	V55.0
867.4	873.43	879.6	897.7	903.4	942.2*	952.8	965.00	972.7	979.4	E890*	V55.1
867.5	873.44	879.7	900.00	903.5	942.3*	952.9	965.01	972.8	979.5	E890.8	V71.82
867.6	873.49	879.8	900.01	903.8	942.4*	953*	965.02	972.9	979.6	E890.9	V71.83
867.7	873.50	879.9	900.02	903.9	942.5*	954*	965.09	973.0	979.7	E891*	
867.8	873.51	880.0*	900.03	904.0	943.2*	955*	965.1	973.1	979.9	E891.0	
867.9	873.52	880.1*	900.1	904.1	943.3*	956*	965.4	973.2	990	E891.1	
868.0*	873.53	880.2*	900.81	904.2	943.4*	957*	965.5	973.3	991.6	E891.2	

8.6.3 Procedure Codes and Modifiers

Transportation providers use the following procedure codes and modifiers. The (837) Institutional electronic claim and the paper claim have been modified to accept up to four Procedure Code Modifiers.

Ambulance services billed will be commensurate with services actually performed. Services rendered are independent of the type of call received or the type staff / equipped ambulance service responding.

Procedure Codes for Basic Life Support (BLS) Services

Basic Life Support Service (BLS) is ambulance service which includes equipment and staff to render basic services such as control of bleeding, splinting fractures, treating shock, performing cardiopulmonary resuscitation (CPR), delivery of babies, use of horizontal immobilizers, restraints for combative recipients, use of gauze pads/bandages and establishment of a peripheral intravenous (IV) line.

Procedure Code	Description
A0429	Ambulance Service, basic life support, emergency transport (BLS - Emergency)
A0380	BLS mileage, per mile (30 miles or more requires prior authorization) Deleted 6/1/2002
A0425	Ground Mileage, per mile (30 miles or more requires prior authorization) Effective 4/1/2002

Procedure Codes for Advanced Life Support (ALS) Services

An ALS ambulance has similar equipment, crew, and certification requirements under Medicare as a basic ambulance, except the ALS ambulance has complex specialized life-sustaining equipment. It is ordinarily equipped for radio-telephone contact with a hospital or physician. A typical ALS ambulance may be a mobile coronary care unit or other vehicle appropriately equipped and staffed by personnel authorized to initiate and administer IV fluids, establish and maintain a recipient's airway, defibrillate the heart, relieve pneumothorax conditions, administer cardiopulmonary resuscitation (CPR), provide anti-shock therapy, administer life sustaining drugs, venous blood draws, cardiac monitoring (EKG), administer pacing nebulizer and perform other advanced life support procedures or services to recipients during the transport. Documentation must support need for ALS services.

Procedure Code	Description
A0427	Ambulance service, advanced life support, emergency transport, Level 1 (ALS1)
A0433	Advanced Life Support Level 2 (ALS2). The administration of at least three different medications and the provision of one or more of the following ALS procedures: Manual defibrillation/cardioversion, endotracheal intubation, central venous line, cardiac pacing, chest decompression, surgical airway, intraosseous line.
A0434	Specialty Care Transport (SCT), in a critically injured or ill patient, a level of interfacility service provided beyond the scope of the Paramedic. This service is necessary when a patient's condition requires ongoing care that must be provided by one or more health professionals in an appropriate specialty area (for example, nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training).
A0390	ALS mileage, per mile (30 miles or more requires prior authorization) Deleted 6/1/2002

Procedure Codes for Non-emergency Services

Procedure Code	Description
A0426	Ambulance service, advanced life support, Level 1 (ALS1) non-emergency transport, (cannot be billed with A0422)
A0428	Ambulance service, basic life support, (BLS), non-emergency transport
A0380	BLS mileage, per mile (30 miles or more requires prior authorization) Deleted 6/1/2002
A0390	ALS mileage, per mile (30 miles or more requires prior authorization) Deleted 6/1/2002
A0425	Ground Mileage, per mile (30 miles or more requires prior authorization) Effective 4/1/2002
Q3019	Ambulance service, ALS vehicle used, emergency transport. No ALS level service furnished. Effective 4/1/2002
Q3020	Ambulance service, ALS vehicle used, non-emergency transport. No ALS level service furnished. Effective 4/1/2002

Miscellaneous Procedure Codes

Procedure Code	Description
A0382	BLS routine disposable supplies
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation
A0425	Ground Mileage, per mile (30 miles or more requires prior authorization) Effective 4/1/2002
A0999	Unlisted ambulance service

Services Not Covered by Medicare That Are Covered by Medicaid

Some non-emergency ambulance services are non-covered by Medicare but are covered by Medicaid if billed in conjunction with the modifiers below. Prior Authorization is required when billing these codes. These claims should be filed on a medical claim either electronically or on paper. A Medicare EOMB is not required.

- A0324-A0326, A0360, (The preceding codes are no longer valid effective January 1, 2001), A0380-A0390, (The preceding codes are no longer valid effective June 1, 2002), A0422, A0425, A0426, A0428, Q3020
- Modifiers DD, DG, DJ, DN, DP, DR, EP, GD, HD, HP, ND, NP, NP, PD, PE, PH, PN, PR, RD, or RP

Procedure Codes for Medicare Crossovers Only

Medicaid will reimburse providers for only the coinsurance and deductible for the following procedure codes:

Procedure Code	Description
A0432	Paramedic ALS intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers

Procedure Codes for Air Transportation

Procedures not included in this list are not covered by Medicaid.

<i>Procedure Code</i>	<i>Modifier</i>	<i>Description</i>
A0435		Air mileage, fixed wing, per statute mile
A0436		Air mileage, rotary wing, per statute mile
A0430		Ambulance service, conventional air services, transport, one way (fixed wing)
A0431		Ambulance service, conventional air services, transport, one way (rotary wing)
A0070		Ambulance service, oxygen, administration and supplies, life sustaining situation, limited to 1 unit per trip
A0215		Miscellaneous disposable supplies, limited to 1 unit per claim

First Modifier

The first place alpha code is the origin; the second place alpha code is the destination. **The valid origin/destination modifiers and their explanations are listed below:**

<i>Modifier</i>	<i>Description</i>
AS	Ambulance trip to an out-of-state hospital
D	Diagnosis or therapeutic site other than P or H when these are used as origin codes
E	Residential, domiciliary, custodial facility (other than 1819 facility)
G	Hospital-based dialysis facility (hospital or hospital related)
H	Hospital
I	Site of transfer (e.g., airport or helicopter pad) between modes of ambulance transport
J	Non-hospital based dialysis facility
N	Skilled nursing facility (SNF) (1819 facility)
P	Physician's office (includes HMO non-hospital facility, clinic, etc.) (Note: Bed-bound recipients only, NET Program prior authorization required)
R	Residence
S	Scene of accident or acute event
UC	Unclassified ambulance service (Deleted effective 08/01/05)

For example, when a recipient is picked up at the residence (origin code R) and taken to the hospital (destination code H) for an ALS emergency transport (procedure code A0427), the claim is coded as **A0427RH**.

The following are all of the valid combinations for the first modifier fields:

AS	DN	EH	GE	HE	HN	JE	NE	NR	RJ
DD	DR	EJ	GH	HG	HR	JH	NG	RD	RN
DG	ED	EN	GN	HH	IH	JN	NH	RE	SH
DH	EE	ER	GR	HI	IN	JR	NJ	RG	SI
DJ	EG	GD	HD	HD	JD	ND	NN	RH	

NOTE:

For ground ambulance transport from a residence to an airport or helicopter site the ground provider should use the modifier combination "SI" since the reason for transport would be an accident or "acute event".

Second Modifier (These are not required by Medicaid)

Modifier	Description
1A	Bedridden Deleted 3/31/03
2A	Accidental injury home/nursing home
3A	Accidental injury
4A	Recipient in shock
5A	Oxygen used and/or heart monitor Deleted 3/31/03
6A	Transported by stretcher
7A	Fracture to hip, leg, knee, trunk (same day as ambulance trip) Deleted 3/31/03
8A	Hospital lacks facility (recipient admitted to second hospital)
9A	Rectal bleeding
1B	Myocardial infarction Deleted 3/31/03
2B	Possible cerebral vascular incident (CVA) Deleted 3/31/03
3B	Blackout, passed out Deleted 3/31/03
4B	Laceration of head Deleted 3/31/03
5B	Dead on arrival (DOA) at hospital
6B	Died en route to hospital
7B	Unresponsive or coma Deleted 3/31/03
8B	Quadriplegia Deleted 3/31/03
9B	Stroke (same day as ambulance service) Deleted 3/31/03
1C	Paralysis Deleted 3/31/03
2C	Mentally retarded Deleted 3/31/03

Added to 1A, 5A,
and 7A:
Deleted 3/31/03

Added to 1B, 2B,
3B, 4B, 7B, 8B,
9B, 1C, and 2C:
Deleted 3/31/03

Repeat Trip

The following modifiers are used in the second modifier position to indicate a repeat trip for the same recipient on the same day:

Deleted:
NOTE

Local Code Modifier thru 12/31/03	HCPSC Modifier(s) Beginning 01/01/04	Description
Y2	TS	Follow-up Service
Y3	TS	Follow-up Service
Y4	TS	Follow-up Service
Y5	TS	Follow-up Service

When a recipient is picked up at a hospital (origin code H), taken to another hospital (destination code H), and returned to the original hospital, bill the procedure code with a TS modifier for Follow-up Service.

8.6.4 Place of Service Codes

The following place of service codes apply when filing claims for transportation services:

POS	Description
41	Ambulance – Land
42	Ambulance – Air or Water

8.6.5 Required Attachments

To enhance the effectiveness and efficiency of Medicaid processing, your attachments should be limited to claims with third party denials.

NOTE:

When an attachment is required, a hard copy CMS-1500 claim form must be submitted.

Refer to Section 5.7, Required Attachments, for more information on attachments.

8.7 For More Information

This section contains a cross-reference to other relevant sections in the manual.

Resource	Where to Find it
CMS-1500 Claim Filing Instructions	Section 5.2
Medical Medicaid/Medicare-related Claim Filing Instructions	Section 5.6.1
Electronic Media Claims (EMC) Submission Guidelines	Appendix B
AVRS Quick Reference Guide	Appendix L
Alabama Medicaid Contact Information	Appendix N
NET Program	Appendix G